



| REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) <u>98006/174 TL</u> | |
|---|--|---|---|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on <u>6/17/04</u> | | In re Application of <u>THORNTON</u> | |
| Signature <u>[Signature]</u> ROBERT W. STROZIER | | Application Number <u>09/1699 805</u> | Filed <u>10/30/00</u> |
| Typed or printed name <u>ROBERT W. STROZIER</u> | | For <u>Apparatus for Simulating a Pulse</u> | Art Unit <u>3714</u> Examiner <u>SOTO MAYOR</u> |
| Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences from in the appeal of the above-identified application. | | | |
| The fee for this Request for Oral Hearing is (37 CFR 1.17(d)) | | \$ <u>330</u> | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ <u>165</u> | |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____ I have enclosed a duplicate copy of this sheet. | | | |
| <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the | | <u>[Signature]</u> ROBERT W. STROZIER | |
| <input type="checkbox"/> applicant/inventor. | | Typed or printed name | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | <u>713.977.7000</u> | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>34,024</u> | | Telephone number | |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | <u>6/17/04</u> | |
| | | Date | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| <input type="checkbox"/> *Total of _____ forms are submitted. | | | |

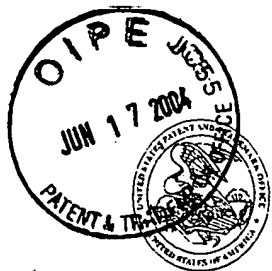
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This collection of information is required by 37 CFR 1.194(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO. | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|------------------|----------|------------|------------|
| 09/699,805 | 10/30/2000 | 3713 | 580 | 98006/17UTL | 22 | 20 | 7 |

CONFIRMATION NO. 8722

23873
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HOUSTON, TX 77042

UPDATED FILING RECEIPT



OC00000006099761

Date Mailed: 05/21/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

William Thornton, Residence Not Provided;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/162,308 10/28/1999

Foreign Applications

If Required, Foreign Filing License Granted 01/23/2001

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

** SMALL ENTITY **

Title

Apparatus for simulating a pulse and heart beat and methods for using same to train medical professionals

Preliminary Class

434

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